# First Action Plan for Tobacco Control – Years 2000 to 2004





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### 1. Introduction

There has been two Regional Committee Resolutions (SEA/RC38/R8 of 1985 and SEA/RC43/R4 of 1990) urging the member countries to undertake tobacco control measures. In 1984, the first SEAR Regional Consultation on Tobacco was held in Katmandu Nepal, resulting in a series of recommendations on tobacco control. In 1997, the Regional Consultation on Tobacco and Alcohol in Colombo, Sri Lanka, developed comprehensive policies and strategies to be followed by the Regional Office and by the countries in the Region. The Action Plan on Tobacco Control for 2000-2004 was developed at the Regional Consultation held in Bangkok, Thailand in 1998.

Among the ten member countries in the Region, two have adopted comprehensive national tobacco control policies, one of which is implemented by legislation. There are many measures currently implemented in other member countries of the Region such as warning labels, restriction of advertising in specific media and at specific locations, ban on sponsorships, prohibition of smoking in public places and public transport, public education and the declaration of specific islands and districts tobacco free. Most of these efforts have been carried out under difficult circumstances after overcoming many obstacles. Unfortunately, these measures have not been implemented in a coherent and organized manner within the purview of comprehensive national tobacco control policies and strategies. Therefore, the impact of these measures has been limited so far.

Research indicates that any single measure by itself may not be sufficient to bring down consumption significantly. A range of measures addressing a wide array of issues related to tobacco control need to be taken together to reduce tobacco consumption. This is why a comprehensive tobacco control strategy needs to be implemented in each country. This plan of action attempts to facilitate and streamline this process.

The focus of the plan is to reduce tobacco consumption in the region, especially among the vulnerable: women, children and the poor. WHO SEARO will facilitate the implementation of these activities by countries of the Region.

### 2. Objectives

The WHO to assist Member Countries to develop, implement and strengthen comprehensive national and sub-national policies and strategies for tobacco control. This will involve the following steps.

- 1. Strengthening national infrastructure and capacity for tobacco control.
- 2. Undertake advocacy, public education, dissemination of information and community mobilization.
- Carry out research, collect and collate data on tobacco and its effects, and establish national databases on issues related to tobacco.
- 4. Enact and implement appropriate and effective legislation and fiscal measures to reduce tobacco use.

### 3. Targets

The main targets for the 2000-2004 Plan of Action are

- Countries that have a history of implementing tobacco control measures to show a
  decrease in per capita tobacco consumption of at least 1% per annum.
- Countries with less action on tobacco control so far to show a decrease in per capita tobacco consumption of at least 0.5 % per annum.

#### 4. Action Plan

Objective 1.

# Strengthening national infrastructure and capacity for tobacco control

Implementation of action on tobacco control should not be considered as the responsibility of a single or few government agencies. It covers a wide area from health, social issues, development, finance and education. Therefore all government agencies and policy makers should consider tobacco control as a priority. Government policies are more effectively implemented when there is participation of non-governmental organizations, private sector and the community as a whole, in addition to government agencies.

| Activity   | 2000   | 2001   | 2002   | 2003                               | 2004    |
|--|--------|--------|--------|------------------------------------|---------|
| 1.1 Establish a multi-sectoral national coordinating agency or focal point on tobacco control where there are no such organizations and strengthening such organizations which already exist, to |        | 03000  |        |                                    |         |
| provide direction and to monitor tobacco control measures.   | 1 (12) |        |        |                                    |         |
| Develop and initiate implementation of country level policies, strategies and time-bound plans of action for tobacco control.  |        | COSTO  | Inches |                                    |         |
| Strengthen resource mobilization for tobacco control through national budgets and special bilateral donor allocations.   |        |        |        |                                    |         |
| 1.4 Establish and implement a system of surveillance for monitoring implementation of tobacco control measures, and for monitoring tobacco related morbidity and mortality.                      |        | e come | Le côn | o vitori<br>silvenisi<br>silvenisi | OII E E |

| Activity  | 2000 | 2001 | 2002 | 2003 | 2004  |
|---|------|------|------|------|-------|
| 1.5 Form coalitions of NGOs and coalitions of professional groups to provide impetus for national tobacco-control policy implementation |      |      |      | 7 60 |       |
| 1.6 Train health professionals, economists, social science professionals and media personnel on issues related to tobacco.              |      |      |      | 200  | scio. |

Objective 2.

# Undertake advocacy, public education, dissemination of information and community mobilization.

Health promotion, education, advocacy and political commitment are integral parts of successful implementation of a comprehensive tobacco control programme.

| Activity   | 2000 | 2001 | 2002 | 2003 | 2004 |
|--|------|------|------|------|------|
| 2.1 Develop and initiate sustainable national information, education and communication strategies to inform and educate relevant sectors, communities and public on issues related to tobacco. |      |      |      |      |      |
| 2.2 Carry out advocacy to obtain commitment of policy makers on finance, law, education, labour, environment, agriculture and social welfare in each country.                                  |      |      |      |      | BER  |
| 2.3 Intensify public education, community mobilization, prevention and cessation interventions.  |      |      |      |      |      |

| Activity  | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|------|------|------|------|------|
| 2.4 Participate in regional advocacy campaign - the SEAAT flame.  |      |      |      |      |      |
| 2.5 Heighten the role of media in tobacco control and use the World No-Tobacco Day theme for year-long, sustainable educational activities on tobacco control.      |      |      |      |      |      |
| 2.6 Incorporate tobacco prevention and cessation activities into existing health, social and development programmes (e.g. Primary Health Care, poverty alleviation) |      |      |      |      |      |
| 2.7 Incorporate tobacco control activities into school health programmes.   |      |      |      |      |      |
| 2.8 Establish tobacco control programmes at work places as part of occupational health programmes.  |      |      |      |      |      |
| 2.9 Integrate of issues related to tobacco control into NGO supported programmes.   |      |      |      |      |      |
| 2.10 Declare all health facilities as tobacco free.   |      |      |      |      |      |
| 2.11 Secure involvement of other UN agencies and bilateral donors on tobacco control at country level.  |      |      |      |      |      |

Conduct research, collect and collate data on tobacco and its effects, and establish national databases on issues related to tobacco.

Action on tobacco control should start immediately, without waiting for more research. Data, however, is still needed to provide justification for action and to evaluate effectiveness of national policies.

| Activity   | 2000 | 2001 | 2002 | 2003 | 2004 |
|--|------|------|------|------|------|
| 3.1 Conduct prevalence survey on tobacco using standard WHO guidelines.  |      |      |      |      |      |
| 3.2 Carry out sentinel surveys to estimate per capita tobacco consumption and to monitor implementation and to evaluate impact of the country level plan of action.  |      |      |      |      |      |
| 3.3 Collect information to quantify the health, social and other economic costs of tobacco use, the economic impact of tobacco trade, cultivation and smuggling and to estimate the effect of tax and price increases on tobacco consumption, especially among young people. |      |      |      |      |      |
| 3.4 Conduct research on behavioural and socio-cultural issues related to tobacco consumption and carry out operational research on effective and appropriate interventions to reduce tobacco consumption.  |      |      |      |      |      |
| 3.5 Develop a comprehensive national database on issues related to tobacco, and implement a mechanism to collect and disseminate success stories related to tobacco control.   |      |      |      |      |      |

#### Objective 4.

# Enact and implement appropriate and effective legislation and fiscal measures to reduce tobacco use.

Appropriate legislation and fiscal policies are the two most effective strategies to control the tobacco epidemic. The tobacco industry often suggests voluntary agreements instead. These should be avoided, as in practice they are ineffective and are frequently circumvented. Evidence has shown significant reductions in consumption and tobacco related harm in countries with comprehensive legislation and appropriate fiscal policies on tobacco control.

|     | Activity  | 2000 | 2001 | 2002 | 2003 | 2004 |
|-----|---|------|------|------|------|------|
| 4.1 | Review current legislation on tobacco advertising and implement measures to discontinue all direct and indirect tobacco advertising, promotions, sponsorships and product placements. |      |      |      |      |      |
| 4.2 | Institute mechanisms for increasing tax on all tobacco products significantly above increases in cost of living every year.   |      |      |      |      |      |
| 4.3 | Institute special levy on tobacco products in support of health promotion interventions.  |      |      |      |      |      |
| 4.4 | Develop and implement legislative package on product labeling, ingredients disclosure, publication of tar and nicotine levels, point of sale information and health information.      |      |      |      |      |      |
| 4.5 | Endorse and implement the International Framework Convention for Tobacco Control by countries.  |      |      |      |      |      |

| Activity   | 2000 | 2001 | 2002 | 2003 | 2004 |
|--|------|------|------|------|------|
| 4.6 Initiate and strengthen ban smoking at indoor sports, art and cultural events, public places and public transport.                       |      |      |      |      |      |
| 4.7 Discontinue placement of tobacco advertisements on cable and satellite broadcasting, other trans-border communications and the Internet. |      |      |      |      |      |
| 4.8 Ban smoking on all local and international flights to and from SEAR.   |      |      |      |      |      |
| 4.9 Discontinue use of price of tobacco products when calculating Cost of Living index.  |      |      |      |      |      |
| 4.10 Ban on duty free tobacco products.  |      |      |      |      |      |
| 4.11 Withdrawal of tax concessions and other incentives for tobacco industry and tobacco cultivation.  |      |      |      |      |      |

### 5. Activities at country level by year

### **Overall strategy**

- 2000 : prepare background and infrastructure for action
- 2001 2003: Decisive action
- 2004: Sustain action and consolidate gains

#### Activities to carried out every year from 2000 to 2004

- 1. Strengthen resource mobilization for tobacco control through national budgets and special bilateral donor allocations.
- 2. Intensify public education, community mobilization, prevention and cessation interventions.
- 3. Incorporate tobacco prevention and cessation activities into health, social and development programmes (e.g. Primary Health Care, poverty alleviation)
- 4. Carry out sentinel surveys to estimate per capita tobacco consumption and to monitor implementation and evaluate impact of the country level plan of action.
- 5. Develop a comprehensive national database on issues related to tobacco use, and implement a mechanism to collect and disseminate success stories related to tobacco control.
- 6. Institute mechanisms for increasing tax on all tobacco products significantly above increases in cost of living every year.

### Activities at country level for year 2000

- Establish a multi-sectoral national coordinating agency or focal point on tobacco control where there are no such organizations and strengthening such organizations which already exist, to provide direction and to monitor tobacco control measures.
- 2. Develop and initiate implementation of country level policies, strategies and time-bound plans of action for tobacco control.
- 3. Establish and implement a system of surveillance for monitoring implementation of tobacco control measures, and for monitoring tobacco related morbidity and mortality
- 4. Form coalitions of NGOs and coalitions of professional groups to provide impetus for national tobacco control policy implementation.
- Develop and initiate sustainable national information, education and communication strategies to inform and educate relevant sectors, communities and public on issues related to tobacco
- 6. Carry out advocacy to obtain commitment of policy makers on finance, law, education, labour, environment, agriculture and social welfare in each country.
- 7 Participate in regional advocacy campaign the SEAAT flame.
- 8. Integrate of issues related to tobacco control into NGO supported programmes.
- 9. Declare all health facilities as tobacco free.
- 10. Conduct prevalence survey on tobacco using standard WHO guidelines

### Activities at country level for year 2001

- 1. Train health professionals, economists, social science professionals and media personnel on issues related to tobacco.
- 2. Heighten the role of media in tobacco control and use the World No-Tobacco Day theme for year-long, sustainable educational activities on tobacco control.
- 3. Incorporate tobacco control activities into school health programmes.
- 4. Establish tobacco control programmes at work places as part of occupational health programmes
- Secure involvement of other UN agencies and bilateral donors on tobacco control at country level.
- 6. Collect information to quantify the health, social and other economic costs of tobacco use, the economic impact of tobacco trade, cultivation and smuggling, and to estimate the effect of tax and price increases on tobacco consumption especially among young people.
- 7. Conduct research on behavioural and socio-cultural issues related to tobacco consumption and carry out operational research on effective and appropriate interventions to reduce tobacco consumption.
- 8. Initiate and strengthen ban on smoking at indoor sports, art and cultural events, public places and public transport.
- 9. Ban smoking on all local and international flights to and from SEAR.



## Activities at country level for year 2002

- 1 Review current legislation on tobacco advertising, and implement measures to discontinue all direct and indirect tobacco advertising, promotions, sponsorships and product placements.
- 2 Institute a special levy on tobacco products in support of health promotion interventions.
- Develop and implement legislative package on product labeling, ingredients
  disclosure, publication of tar and nicotine levels, point of sale information and
  health information.
- 4. Discontinue use of price of tobacco products when calculating Cost of Living index.

## Activities at country level for year 2003

- Endorse and implement the International Framework Convention for Tobacco
   Control by countries.
- Discontinue placement of tobacco advertisements on cable and satellite broadcasting, other trans-border communications and the Internet.

# Activities at country level year 2004

- 1. Ban on duty free tobacco products.
- 2. Withdrawal of tax concessions and other incentives for tobacco industry and tobacco cultivation.



